

CITY OF HARRISBURG

ADVANCED WASTEWATER TREATMENT FACILITY

INDUSTRIAL WASTEWATER DISCHARGE APPLICATION

Company Name:

Division Name:

Mailing Address:

Facility Name:

Principal Signatory:

Authorized Representative:

The above Industrial Discharger classified by NAICS code _____ and engaged in the manufacture and/or service of _____ does hereby request an Industrial User Permit to discharge industrial wastewater into the public sewer system serving the municipality of _____, Dauphin County and to the Advanced Wastewater treatment Facility of the City of Harrisburg.

Prior to issuance of such Industrial User Permit, the undersigned must furnish:

- A plan of the property showing all process and sewer drains that exist.
- Plans and specifications of any proposed work under this permit.
- A completed Baseline Monitoring Report questionnaire in all areas applicable to the industrial processes.
- A \$900.00 Permit Fee.

Before the City will grant a permit, the undersigned shall also agree:

- To furnish any additional information relating to the installation or use of the sewer system for which this permit is requested as may be requested by the City.
- To accept and abide by all provisions of the applicable ordinances of the City of Harrisburg and any rules and regulations promulgated thereunder.

- To operate and maintain any waste pretreatment facilities, as may be required as a condition of acceptance into the sewer system of the industrial wastes involved, in an efficient manner at all times, and at no expense to the City.
- To cooperate with the City at all times in its inspection sampling of the industrial wastes and any pretreatment facilities.
- Notify the City of any accidental discharges or substances prohibited by this permit or the City sewer ordinances and amendments thereof, and any future regulations as may be adopted by the City or its authorized representatives.
- To pay an annual Permit Fee of \$900.00.

Principal Signatory: _____ **Date:** _____

Authorized Representative: _____ **Date:** _____

Permit Fee Paid: _____ **Check Number:** _____